NATIONAL REGISTRY OF REHABILITATION TECHNOLOGY SUPPLIERS

[NRRTS]
not only a credential but a
COMMITMENT

Complaint Form

Please print form. This form may be photocopied.

COMPLAINT FILED BY

Name _____

Company Name _____

Company Address _____

City/State/Zip _____

Email _____

Company Phone _____ _____ / _____ - _____ Ext.

Company Fax _____ / _____ - _____

Home Phone _____ / _____ - _____

COMPLAINT FILED AGAINST

Name _____

Company Name _____

Company Address _____

City/State/Zip _____

Email _____

Company Phone _____ _____ / _____ - _____ Ext.

Company Fax _____ / _____ - _____

Are You? ❒ A Consumer ❒ A Clinician ❒ A NRRTS Registrant ❒ Other (please explain)

_____

Do you wish to be kept aware of the Ethics Committee's findings and action? ❒ Yes ❒ No

Person completing this form: _____ X _____

Print Name **Signature** (required)

Date of initial complaint: _____ / _____ / _____

Nature of complaint (attach additional pages if needed; be specific; supply dates and copies of relevant documents):

_____

_____

_____

_____

_____

_____

_____

Return completed, signed form and mail or fax to:
NRRTS • P.O. Box 863 • Trinidad, CO. 81082-2712
PHONE: 719-846-4229 • FAX 719-846-4462 • info@nrrts.org
1-800/976-7787

For Office Use Only

Complaint received ___ /___ /___